

NOTIFICATION OF INVOICE ADJUSTMENT

Please send this notification of adjustment form as a backup when the amount paid is different than the amount of this invoice.

Page ____ of ____

Agency Name _____ Level 1 # _____ Level 2 # _____ Level 3 # _____ Level 4 # _____

Invoice Date _____ Invoice Number _____ Invoice Amount _____

(This number must be included on warrant or check.)

The following items on the above-referenced invoice are amounts (credits or debits) not paid or accepted:

Item #	Cardholder Account #	Proc. Date	Merchant Name	Transaction Amount (Additions)	MM/YY* Where Amount is to be Applied (+)	Transaction Amount (Subtractions)	Reason for Non-Payment (-)
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
Totals (+)					Totals (-)		

Note: If you are paying or not accepting a credit for a prior item, please note invoice date that should receive this part of the payment.

Send Form to:

I.M.P.A.C. Payments
P.O. Box 6350
Fargo, ND 58125-6350

Phone Inquiries:

I.M.P.A.C. Customer Service
(800) 227-6736

Form Submitted by:

Name: _____

Signature: _____

Phone: _____

Date: _____

Indicate Payment Method:

☐ FRB Funds Transfer

☐ Treasury Check

☐ Vendor Express (ACH)

(Vendor Express #VXP892300015) (ABA #10200021)

I.M.P.A.C. Check Balancing Register

Invoice Total \$ _____

Less Adjustments (-)
(Questioned Items) \$(_____)

Add any Interest Penalty Amounts \$ _____

Add any part of payment that is
being applied to a previous invoice (+) \$ _____

Total of Check/Wire being sent \$ _____



I.M.P.A.C.®

Government Services